

DATE STAMP

JUNIOR INCLUSION SERVICES

Community Services Department
111 Syndicate Ave S.
Thunder Bay, ON P7E 6S4
Fax 625-3395 Tel. 625-3220



Junior Inclusion Services (JIS) PARTICIPANT INTAKE FORM

The best way to play™

If this is a referral from a service organization (e.g. Dilico, CAS, Children's Centre, Wesway, etc.) please complete the Referral Form on page 6 of this package, as well as page 1-5. If this is not a referral do not complete the Referral Form.

Participant's Name: _____ Date of Birth: _____ M F
DD MM YY

Address: _____

Postal Code: _____ Phone Number: _____

Name(s) of Parent(s) or Guardian(s): _____

Parent/Guardian Tel. #: _____ Parent/Guardian Tel. #: _____

Email (mother/father/guardian): _____

If we need to contact you and are unable to reach you at the above numbers, please provide the name and phone number of an alternate contact during program hours:

Name: _____ Phone #: _____

Relationship to the child: _____

What is your child/youth's disability?: _____

Does your child/youth use any assistive devices (e.g. wheelchair)? Yes No

If 'Yes' please describe: _____

Please describe your child's interests, activities, pastimes, food, toys etc. that he/she enjoys the most. Include previous recreation experiences.

What recreation activities does your child **not** like to do? Explain.

Describe your child's swimming ability (if requesting support in swimming lessons, or involved in a program where swimming is part of the schedule).

Describe area(s) where your child requires support or assistance (e.g. transitions, communications, social settings, personal care, etc).

Are there safety issues or fears that we need to know about? (e.g. fears, distractions, running away, talking to strangers, hitting others/themselves, etc).

Please list any allergies, medical conditions, disabilities, behaviours, or needs that require special consideration.

Tell us about your child's ability to interact with other children. What works in case of difficulties?

Please describe how your child communicates (e.g. verbally, sign language, PEC symbols, etc.)

How would we recognize that your child is becoming stressed or anxious? Are there factors that cause them to become stressed or anxious that we need to know about?

What are calming techniques/environments that work for your child?

What are 2 goals that you hope your child will accomplish by participating in this program?

What are your expectations from Junior Inclusion Services?

As a parent/guardian do you have any additional questions, concerns, or comments?

SUPPORTS

- Your child: will be attending a program independently
 requires one-to-one assistance from JIS to facilitate participation
 will be accompanied by a personal support person

PROGRAM CHOICES

Your child is interested in:

JANUARY TO JUNE, & SEPTEMBER TO DECEMBER

- Swimming** Pool Preference: _____ Level: _____
 Neighbourhood Recreation Program (age 5-12) Site Preference: _____
 Youth Move (age 12-18)

JULY TO AUGUST

- Playgrounds (age 5-12)** **Chippewa Summer Camps (age 5-13)**
 Youth Move (age 12-18) **Canada Games Complex Adventurers Camp (age 5-12)**
 Kidventures (age 5-13)
 OTHER Specify: _____

Will you be using ProKids? YES NO

Photo Consent: Junior Inclusion Services keeps a photo of each participant in our participant files. Please check this box if you **DO NOT** wish to have your picture taken for your file.

How did you find out about Junior Inclusion Services?

- The Key A Display Presentation School An Agency
 Word of Mouth Newsletter www.thunderbay.ca Other: _____

Please sign and date this form. Your signature indicates that the information that you provided is complete, correct, and current. By signing you also understand that Junior Inclusion Services will maintain personal information on you while receiving services. This includes statistics, a participant profile, service notes, and any relevant consent forms.

Date: _____ Signature: _____

PLEASE RETURN THIS FORM TO:

Community Services Department
Attn: Junior Inclusion Services – Sarah Smart
111 Syndicate Ave South
Thunder Bay, ON P7E 6S4
FAX: 625-3395 **TEL:** 625-3220
Email address: ssmart@thunderbay.ca

Personal information on this form is collected under the authority of the Municipal Act, R.S.O. 1980,c.302 (as amended) and will be used within the programme for emergency contact and program follow-up. Questions regarding this collection should be directed to the Supervisor Community Partnerships, 111 S. Syndicate Avenue, Thunder Bay, Ontario, P7E 6S4, 625-2419.

REFERRAL FORM

If this is a referral from a service organization (e.g. Dilico, CAS, Children's Centre, Wesway, etc.) please include a contact at this service organization, as well as any special instructions. Special instruction could include if we should have initial contact with the service organization or parent/guardian.

If this is not a referral do not complete this form.

Organization Making Referral: _____

Staff Name: _____ Title: _____

Tel. #: _____ Cell #: _____ Email: _____

Special Instructions: _____
